

**FORM 21. STATEMENT OF SOCIAL SECURITY NUMBER**

*[Caption as in Form 16A.]*

**D-R-A-F-T**

**STATEMENT OF SOCIAL SECURITY NUMBER(S)**

1.Name of Debtor (enter Last, First, Middle): \_\_\_\_\_  
(Check the appropriate box and, if applicable, provide the required information.)

Debtor has a Social Security Number and it is: \_\_\_\_\_  
(If more than one, state all.)

Debtor does not have a Social Security Number.

2.Name of Joint Debtor (enter Last, First, Middle): \_\_\_\_\_  
(Check the appropriate box and, if applicable, provide the required information.)

Joint Debtor has a Social Security Number and it is: \_\_\_\_\_  
(If more than one, state all.)

Joint Debtor does not have a Social Security Number.

I declare under penalty of perjury that the foregoing is true and correct.

X \_\_\_\_\_  
Signature of Debtor Date

X \_\_\_\_\_  
Signature of Joint Debtor Date

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*\*Joint debtors must provide information for both spouses.*

*Penalty for making a false statement:* Fine of up to \$250,000 or up to 5 years imprisonment or both. 18 U.S.C. §§ 152 and 3571.